

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11	1	1	1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17	1		1			
18		1		1		
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TOTAL IND.		↓ 4	↓		↓	
TOTAL DEP.		← 16	←		←	
TOTAL CLAIMS		20				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						